

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	6107	3-21-00
O.I.P.E. CLASSIFIER			7-1-00
FORMALITY REVIEW	RS	61730	6-8-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/9/03
2	✓	✓	3/10/03
3	✓	✓	3/15/04
4	✓	✓	3/15/04
5	✓	✓	3/15/04
6	✓	✓	3/15/04
7	✓	✓	3/15/04
8	✓	✓	3/15/04
9	✓	✓	3/15/04
10	✓	✓	3/15/04
11	✓	✓	3/15/04
12	✓	✓	3/15/04
13	✓	✓	3/15/04
14	✓	✓	3/15/04
15	✓	✓	3/15/04
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25	✓	✓	3/15/04
26	✓	✓	3/15/04
27	✓	✓	3/15/04
28	✓	✓	3/15/04
29	✓	✓	3/15/04
30	✓	✓	3/15/04
31	✓	✓	3/15/04
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42	✓	✓	3/15/04
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44	✓	✓	3/15/04
45	✓	✓	3/15/04
46	✓	✓	3/15/04
47	✓	✓	3/15/04
48	✓	✓	3/15/04
49	✓	✓	3/15/04
50	✓	✓	3/15/04

Claim	Final	Original	Date
31	✓	✓	3/9/03
32	✓	✓	3/10/03
33	✓	✓	3/15/04
34	✓	✓	3/15/04
35	✓	✓	3/15/04
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42	✓	✓	3/15/04
43	✓	✓	3/15/04
44	✓	✓	3/15/04
45	✓	✓	3/15/04
46	✓	✓	3/15/04
47	✓	✓	3/15/04
48	✓	✓	3/15/04
49	✓	✓	3/15/04
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88	✓	✓	3/15/04
89	✓	✓	3/15/04
90	✓	✓	3/15/04
91	✓	✓	3/15/04
92	✓	✓	3/15/04
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94	✓	✓	3/15/04
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96	✓	✓	3/15/04
97	✓	✓	3/15/04
98	✓	✓	3/15/04
99	✓	✓	3/15/04
100	✓	✓	3/15/04

Claim	Final	Original	Date
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102			
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy